

Chief Resident in Quality and Patient Safety

1. PURPOSE

a. Request for Proposals: Chief Resident in Quality and Patient Safety.

This is a Request for Proposals (RFP) for a Chief Resident in Quality and Patient Safety (CRQS). The RFP provides information, policies, and application procedures to Department of Veterans Affairs (VA) facilities and Veterans Integrated Service Networks (VISNs) that wish to submit applications to the Office of Academic Affiliations (OAA) for physician chief resident positions for **Academic Year 2018**, which begins July 1, 2017 through June 30, 2018. These positions will be recurring positions and will become part of the facility's Graduate Medical Education (GME) 'base' allocation.

This RFP allows facilities to request new physician chief resident base positions to enhance their ability to care for Veterans by redesigning medical education and patient care to include the area of quality and patient safety. Applicants are expected to demonstrate innovative approaches in educating physicians in the area of quality and patient safety.

This year there are **four different types of CRQS positions** to apply for. Please read carefully to ensure your facility is submitting the accurate application.

The CRQS is a non-accredited, post-residency position; the exception is the surgical gap year position (Application D below). CRQS's other than in Application D must have completed their primary residency training for initial board eligibility and qualify for credentialing and privileging as licensed independent practitioners (LIPs) in their specialty. The CRQS is both a teaching and a learning role, which must be distinguished from the more traditional administrative role of chief residents in some specialties.

There are four distinct RFP applications for the AY2018 CRQS:

1. **Application A:** New facilities applying for their first CRQS position & those facilities that received a temporary CRQS position in AY2017 and wish to make that position permanent.
2. **Application B:** Facilities with existing CRQS positions, applying for additional CRQS positions in any specialty. [Note: Facilities may have no more than three CRQS positions.]
3. **Application C:** Facilities applying for the CRQS pilot combined core sub-specialty initiative. This application is for those facilities that do not have enough residents in their core program to justify a CR. See further details in section 2(c) below.
4. **Application D:** This is a new pilot program open for applications for AY 2018 for new CRQS surgical "gap year" positions only. A limited number of positions will be awarded under this application. Please review the details carefully to ensure all appropriate personnel and leadership in both VA and the affiliated sponsoring programs are fully aware of the role and responsibilities of the CRQS and agree to all aspects of the program.

b. **Eligibility to Apply.**

1. **Applicant facilities and programs** must be willing to transform established educational and patient care systems in order to:

- a) Enhance education and the quality of care while promoting a culture of patient safety;
- b) Promote professionalism, patient-centeredness, and continuity of care;
- c) Actively engage residents in ongoing systems-based patient safety and quality improvement activities; and
- d) Support the professional development of faculty.

2. **Additional program requirements:**

- a) A strong curriculum and teaching role must be outlined for the position.
- b) *A minimum of eight other VA physician resident positions (full time equivalent) must be in place in the same core specialty training program for each CRQS in the discipline, with the exception of Application C, the pilot combined core sub-specialty initiative.*
- c) **CRQS AY18 Subspecialty Pilot:** For a second year OAA will be piloting a CRQS subspecialty position initiative. The goal of this pilot is to allow VA medical centers that would otherwise not meet eligibility criteria due to the number of residents supported in a specific core program, an opportunity to collaborate through the CRQS program for an interdisciplinary learning experience. Sub-specialty programs in internal medicine, psychiatry, and surgery are eligible to apply.

Facilities without a core specialty training program with eight positions may combine subspecialty and core positions in the same discipline totaling at least eight positions.

- a. For example, a site wishing to apply for a surgery CRQS, may count resident positions in vascular, general, plastics, and cardiac-thoracic surgery, etc. towards the total. The CRQS must have completed his or her core residency training in a specialty or subspecialty.
- b. **Positions under this pilot may only be requested in the areas of Internal Medicine, Surgery and Psychiatry.** Up to three sites will be awarded during the pilot period. All other details included in this RFP apply to the piloted positions and program.
- c. Applicants must demonstrate subspecialties collaboration. Further details are outlined in Application C.
- d) **Surgical Gap Year CRQS:** This year OAA is introducing the surgical gap year CRQS position for those sites wishing to use their current surgery CRQS position for residents in their gap year, or for facilities wishing to add a new surgery gap year CRQS position. [Note: Facilities adding a regular surgery CRQS position that is not a gap year should apply under Application A.]

Those sites with existing surgery CRQS positions that wish to convert their current CRQS position into a surgical gap year positions, are required to complete Application D. It is important to note that those CRQS filling this position during a gap year may not use the CRQS year as a research year. *[Note: The CRQS will be involved in and responsible*

for an end of year project which will require research, however, their research will be limited to the focus of this project.]

The gap year CRQS is expected to be 100% committed to the CRQS role. The surgery CRQS, mentor and DEO are required to sign a commitment agreement, outlining their roles and responsibilities during their gap year. As with the post-training CRQS, there must be a minimum of eight resident positions in the core surgery program.

3. Facility leadership must be committed to continuous improvement in clinical care and have an established track record of, or strong commitment to, innovation in the clinical learning environment. Facilities without a current CRQS program are strongly urged to apply.
4. The application and program implementation requires close collaboration with affiliated sponsors of accredited residency training programs.
5. If applying for an additional CRQS position, the facility must have adequate resources and support to provide a high quality experience to all CRQSS.
 - a) Application for an additional CRQS position will be considered only if the additional position will be in a different program (e.g., anesthesiology, internal medicine, surgery, or psychiatry) or clinical setting (e.g., ambulatory vs. inpatient) or with a separate affiliate from the existing CRQS.
 - b) First-time applicants for a CRQS position may apply for more than one position, with the recognition that each application will be evaluated separately, and awarded based on individual application merits.
6. **Program eligibility requirements** (must be documented in the application and institutional letters of support):
 - a) The specialty training program that applies for the CRQS must have a current minimum of a 3-year accreditation cycle and have had no adverse actions (such as probation or 'accreditation with warning') in the prior cycle;
 - b) Must have ABMS (American Board of Medical Specialties) or AOA (American Osteopathic Association) board examination rolling 3-year pass rate of at least 80%;
 - c) Must be willing to participate in joint planning and faculty development activities involving VACO/OAA, National Center for Patient Safety (NCPS), VA Quality Scholars program, and other CRQS innovation sites, including meeting with other CRQS sites and presenting at regional and national meetings. Depending upon VHA's travel guidance and budget at the time of the residency, some activities may be held via VTEL or Lync Meeting and some may require travel for face to face activities.
 - d) For those facilities applying for the pilot CRQS sub-specialty position, each core program counted towards the total count must meet the requirements listed in 6a, b and c noted above.
7. The application must be supported by the local VA bodies that supervise GME and by the sponsoring institution's Designated Institutional Official (DIO) and Graduate Medical Education Committee (GMEC), or equivalents.

8. The facility in collaboration with the affiliated program sponsor must be willing to recruit for and fill the position requested for **AY 2018 (beginning July 1, 2017)** and annually thereafter.
9. The facility must demonstrate willingness to incorporate and actively engage the CRQS and other residents in ongoing interprofessional patient safety, quality improvement, systems redesign, and risk management programs.
10. The facility and the program must meet the following **faculty requirements**:
 - a) There must be sufficient, qualified faculty and mentors in the targeted specialty in order to provide a high quality educational experience, exemplary resident supervision, and enthusiastic and ongoing participation in the CRQS initiative;
 - b) The facility and faculty must be committed to the premise that a dedicated CRQS position will enhance clinical and educational innovation and promote faculty development in the areas of quality improvement and patient safety;
 - c) Participating faculty must be willing to participate in professional development activities, as needed. Participation in the initiative includes at least two off-site meetings annually, subject to approval and consistent with VHA's travel guidance during the residency. [*Note: faculty mentors do not need to be experts in patient safety or quality management, but they must have a track record as clinician educators and be willing to develop expertise in these areas. However, preference will be given to sites with locally available mentors that demonstrate expertise in quality and patient safety*]; and
 - d) Participating faculty must be willing to work with content experts outside their respective specialty areas (e.g., representatives from the National Center for Patient Safety [NCPS] and the VA Quality Scholars program, other interprofessional quality improvement and patient safety experts, system-redesign specialists) and to assist in the oversight and implementation of a national curriculum for the CRQS program. [This will be especially important for those pilot sites with the CRQS sub-specialty position.]
10. **Applicant facilities** must be willing to provide the following:
 - a) Protected teaching time for VA-based faculty and quality improvement and patient safety professionals;
 - b) Support for program oversight, administration, and evaluation;
 - c) Support for VA-based faculty professional development;
 - d) Protected time for the CRQS to engage in relevant educational activities; and
 - e) Travel support for the CRQS and faculty mentor(s) to attend at least one off-site meeting annually – including one training program involving the NCPS faculty and one gathering of all CRQS sites or presentation of project results at a regional or national meeting. Note: all travel is subject to VHA's travel guidance and approval process during the CRQS residency period.

2. FOCUS AND SCOPE

a. What is a Chief Resident in Quality & Patient Safety (CRQS)?

The Chief Residency in Quality and Patient Safety (CRQS) program includes training in quality improvement, patient safety, and clinical and educational system redesign. Methods include but are not limited to attending National VA Patient Safety Center training and/or the CRQS Quality & Patient Safety Institute, participation in patient safety rounds and root cause analyses, appropriate use of clinical reminders, review of hospital and outpatient

quality indicators, and working directly with quality improvement and patient safety managers and their interprofessional teams.

The CRQS position is a very ‘hands-on’ position that requires engagement with clinical services, ongoing quality and patient safety activities, and an active teaching role. The CRQS role is distinct from both the traditional, more administrative chief resident role and from the VA Quality Scholar role, which is more research focused. Nevertheless, the CRQS, in common with other CRs, has a direct relationship with the residents in the core accredited program and serves to guide, mentor, and teach them. In addition, the CRQS should engage in interprofessional educational efforts to include other health professions trainees and VA staff from other health professions.

The CRQS spends time disseminating quality and safety information and methods by overseeing and teaching more junior residents in the program. For example, in one already existing program, the CRQS organizes an “immersion week” for PGY-3s during their continuity clinic and supervises them on specific quality improvement and patient safety rotations. The curriculum includes clinical reminders and quality indicators, including “resident report cards,” and is updated annually and delivered in part by the CRQS. Other programs may include “Lean” and “Six Sigma” training for the CRQS, along with the possibility of appropriate certifications.

The CRQS and faculty mentors must commit to participation in the **National Curriculum for CRQS**. This curriculum consists of the following:

- Participation in lectures covering QI/Patient Safety topics on a monthly basis.
- Participation in monthly two-way interactive video conference seminars (VTELS)
 - Pre-VTEL reading assignments
 - 2-hours in duration with case-based format.
- Use of the VA based Blackboard system.
- Attendance at a 4 to 5-day CRQS Quality & Patient Safety Institute in the summer/fall or other approved training early in the course of the CRQS’s tenure, VA travel regulations permitting. *Note: It is the responsibility of the local medical centers to fund travel for the CRQS and mentor for required training.*
- A minimum of one major project (with a suitable mentor) in order to produce a scholarly paper, poster, or presentation as first author. The CRQS is also expected to collaborate on at least one other scholarly project, with either CRQS colleagues or program faculty.

Although to date most CRQS positions have been in internal medicine, the CRQS is not restricted to any program or setting. Current program sponsors include anesthesiology, psychiatry, radiology, and surgery. Many CRQS incumbents are interested in hospital-based medicine, although some programs have focused on ambulatory settings. OAA encourages activities improve quality in the high risk interface between in- and out- patient settings, improved communication and patient management across settings, particularly those that utilize interprofessional collaborations. *[Note: The pilot CRQS subspecialty positions are limited to the areas of internal medicine, psychiatry, and surgery.]*

Of note, with the exception of the pilot surgical gap year program (Application D), CRQS positions are open only to those licensed physicians who have completed their core residency training and are eligible for credentialing and privileging as licensed independent practitioners.

CRQS incumbents must engage in specialty-specific clinical activities to maintain their skills and competency, but they should restrict clinical activities to no more than 25% of total activities in order to have sufficient time for all of the other activities expected in this role. This role is not intended to fill gaps in service, but it may fill gaps in teaching and provide expertise in quality and safety management. Surgical gap year residents, who are not eligible to be appointed as Licensed Independent Practitioners, should participate in clinical activities appropriate to their prior level of training, and should have the appropriate trainee appointment at the VA facility. This clinical activity should adhere to VHA Handbook 1400.01 Residency Supervision, should not exceed 25% of total activities, and should be a regular, scheduled activity such as clinic and/or operating room time, and not simply to take call or to fill in coverage gaps on an “as needed” basis.

b. Benefits of the CRQS role

Few residency programs today allow residents the *time* to participate fully in patient safety or quality improvement activities or to participate in related educational activities. Though quality and patient safety training is now part of ACGME's Common Program Requirements, there is a shortage of faculty prepared to teach quality improvement and patient safety. The CRQS has been developed to address this gap and engender interest among junior residents in quality and patient safety. Already the CRQS program has shown promise as being an important career development option for training junior faculty in these vital areas.

The sites that have implemented the CRQS program have realized immediate benefits including improvements in hospital performance measures, efficiency of operations, and reductions in the occurrence of serious adverse events. A culture of quality and safety has spread throughout the engaged programs and sparked interest throughout these health system in general. For example, in some hospitals, residents may recognize safety issues that need to be addressed but fail to report medical errors, especially ‘near misses.’ The reasons for under-reporting are many, but residents may be afraid to admit that they may have made a mistake or that they will be blamed for the error. Likewise, residents are reluctant to openly criticize supervisors or other healthcare professionals. By having a CRQS, who is closer to the residents and with whom they feel more comfortable sharing information, medical error and patient safety incident reports increase.

Several sites have implemented “Patient Safety Consults” that a resident can initiate at any time. These consults go directly to the CRQS and his/her team for investigation and action. However, to maintain a high level of reporting, it is important that prompt feedback to the reporting resident(s) be provided regarding corrective, systems-related actions. By building in feedback, residents are likely to be satisfied to have contributed to a climate of improved patient care. Another major teaching hospital is implementing measures that decrease readmission rates as well as ensuring that patients transferred into their facility from other VA sites are sent to the appropriate unit upon arrival.

4. FACILITY AND PROGRAM EXPECTATIONS

a. Facility and Program Structure and Leadership.

Facilities must have a strong academic affiliation with accredited programs in good standing, creative educational leadership – both at the VA and the affiliate – and an appropriate educational and quality and patient safety infrastructure. Program design, implementation, and evaluation require the active involvement of program directors, service chiefs, and departmental chairs and strong commitment from the VA facility Designated Education Officer (DEO, Associate Chief of Staff for Education, or equivalent) and the VA Chief of Staff. ***Early and on-going support from the Medical Center Director and VISN***

leadership will be necessary assure the resources necessary for the program are available.

b. Program Implementation.

Facilities applying for CRQS positions must be willing to foster and support implementation of educational innovations in quality and patient safety for the ACGME or AOA accredited program that meets the requirements of this RFP. Positions will begin July 1, 2017.

c. Evaluation and post award follow-up.

CRQS awardees are expected to have a far-ranging impact on resident training and clinical care models throughout VA. ***CRQS applications must demonstrate a strong local curriculum for the position and willingness to have incumbents and their faculty mentors participate in the national curriculum for the program.*** Involvement of the CRQS in studies leading to regional or national presentations will be part of the success criteria for the program. Sites must be willing to report and communicate with OAA on a regular basis and will be expected to submit program evaluations as requested. Efforts will be made to track the career paths of persons who participate in a CRQS year.

PROGRAM APPLICATIONS

The facility must submit the information requested to include:

Formal application is due September 9, 2016 using an online submission process (see Application A - D for specific instructions).

6. POLICIES

a. Governance. The Office of Academic Affiliations (OAA) maintains overall responsibility for the administration of VA's CRQS Program. Although the CRQS is a non-accredited position, all programs receiving positions through this RFP must comply with the ACGME or AOA's Program Requirements for Residency Education (see <http://www.acgme.org> or <http://www.osteopathic.org/inside-aoa/Education/OGME-development-initiative/Pages/what-is-aoa-accreditation.aspx>) and with VA provisions for the training of physician residents.

b. GME Program Sponsorship. All CRQS positions requested through this RFP must be in association with an ACGME or AOA-accredited program. Programs may be sponsored in the name of an affiliate or in the name of the VA. ***There must be at least eight full-time resident positions at the VA in the associated program for all chief residents including the CRQS.***

c. Appointment and Compensation of Physician Residents.

(1) **Appointment authority.** Appointments will be made under 38 U.S.C. 7406.

(2) **Stipend determination.** Per OAA policy, resident stipends will be based on PGY levels indexed to the local affiliate. For example, for a CRQS in internal medicine, a PGY-4 stipend would be the base, whereas PGY-5 would be used for an anesthesiology CRQS. A chief resident 'differential' may be added to the base stipend if that is the local practice at the index hospital. Resident positions can be paid directly or reimbursed under a disbursement agreement. ***Payment will be made only for time spent in educational activities at the VA facility*** (with excused absences as defined by VA policy – e.g., didactic sessions at the affiliate). All stipend rates must be approved in advance by OAA.

e. VACO Support. OAA will provide funds to VA facilities for residents' stipends and fringe benefits. Funding of residents' stipends and benefits through a disbursement agreement is

recommended. Disbursement agreements cannot fund administrative costs of residency training programs. Currently, facilities receive approximately \$87,000 per year in VERA educational funds as indirect educational support for each physician resident position allocated, including the CRQS positions. ***Facilities applying under the CRQS RFP are particularly encouraged to make use of VERA educational funds to provide faculty with protected time for teaching, support faculty development, support faculty and trainee meeting expenses, and oversee and administer educational programs).***

f. Liability. Residents are protected from personal liability while providing professional services as trainees at VA facilities under the Federal Employees Liability Reform and Tort Compensation Act, 28 U.S.C. 2679(b)-(d).

g. Expenses. Except as specified above, expenses connected to the residents' recruitment or activities are not funded under this program. Transportation to the VA facilities and housing arrangements are the sole responsibility of selected residents. Travel to VA-sponsored meetings and regional/national meetings (e.g., to present findings, to meet with other CRQS site representatives, to train at the National Center for Patient Safety, or to attend the CRQS "Boot Camp") are the responsibility of the local facility, unless otherwise specified. Educational travel for CRQS and faculty mentors is an expected part of the facility's commitment to the program. Such travel should be considered 'medical care' travel and funded as essential, job-related travel. [Note: all travel is subject to VHA's travel guidance and approval process during the CRQS residency period.]

7. EVALUATION CRITERIA FOR SELECTION OF SITES & PROGRAMS

Applications will be evaluated by a panel of peer reviewers with expertise in GME, educational evaluation, and quality and patient safety. The following criteria will be used to evaluate proposals.

a. Affiliations. The VA facility must be affiliated with a residency sponsoring institution (such as a medical school or teaching hospital) that provides ACGME or AOA accredited residency training and has ACGME or AOA institutional approval in the specialty training program that will include the CRQS. A strong affiliation relationship and close collaboration in the preparation of the application must be evident in the proposal and evidenced in the letters of support (see Appendix A).

b. Site Characteristics. The facility must provide evidence of committed leadership, appropriate clinical, educational, and interprofessional quality and patient safety activities, and sufficient workload to support a culture of excellence in graduate medical education. The site must demonstrate willingness to:

- 1) Actively engage more junior residents in systems-based, interprofessional quality improvement activities;
- 2) Integrate the CRQS into ongoing interprofessional patient safety and risk management activities;
- 3) Enhance the quality of care and education; and
- 4) Support the professional development of faculty and staff through provision of protected time to deliver the local curriculum and to participate in the national curriculum.

Other criteria:

- 1) VISN, facility, and clinical leadership commitment to build and sustain an outstanding learning environment. Flexibility and commitment to innovation in education is essential.

- 2) Strong leadership by the VA facility's Designated Education Officer (DEO) and Chief of Staff. The Chief of Staff must be committed to educational and clinical re-design efforts, and must be prepared to champion the innovations with facility and VISN leadership.
- 3) A strong partnership between the VA facility and its academic affiliate(s), with a record of committed leadership by academic program director(s) and department chair(s).
- 4) Past experience with, or strong commitment to, patient safety and quality improvement, patient-centered care, continuity of care, and interprofessional training.
- 5) Appropriate clinical activities and ongoing quality improvement and patient safety activities to support the CRQS position.
- 6) Sites with no CRQS position may apply for more than one position/program, but should expect to be awarded only one position. Preference will be given to sites that have no CRQS position.
- 7) If the VA already has one or more CRQS position(s), **application may be made for an additional position, provided the additional position is in a different program, clinical setting, or with a separate affiliate.** There should be interaction between the CRQSS and some joint activities, including training and participation in ongoing quality improvement and patient safety activities at the facility level. **The site must describe in its application how the CRQS positions/programs will be integrated; indicate the capacity for training, and what 'added value' the additional position will bring.** Application for an additional CRQS position requires demonstration of success with the existing position(s), a record of QI/PS accomplishments, and a strong rationale for adding another CRQS position.
- 8) Facilities who are adding additional CRQS positions are encouraged to consider projects and relationships that cross traditional departmental and clinical service boundaries.

c. Program Characteristics.

The program must provide evidence of committed leadership, appropriate clinical, educational, and quality improvement and patient safety activities, and sufficient workload to support a culture of excellence in graduate medical education. Sites approved for the CRQS Program must have a strong local curriculum supplementing that provided by the National Curriculum, an appropriate infrastructure, and qualified leadership.

The site must demonstrate the following:

- 1) Program eligibility criteria as outlined in 1.b. must be documented. **If the eligibility criteria are NOT met or if they are NOT explicitly stated as being met, then the proposal will not be considered for review.** Eligibility information must be included in the core institutional proposal.
- 2) Appropriate quality improvement and patient safety expertise in local faculty mentors to carry out the proposed training.
- 3) Evidence of sound strategies for learner and program evaluation and assessment, plus expressed willingness to participate in data collection about the process and outcomes of the innovation. [Evaluation strategies should be provided in the core institutional proposal.] Evaluation plans will reviewed for:
 - a) Stated educational objectives;
 - b) Proposed educational outcomes (both subjective and objective); and
 - c) Plans to assess faculty and staff satisfaction with the program.

- 4) Explicit strategies regarding potential contributions to the national conversation at OAA sponsored meetings that promote and share innovations with other participating VA sites.

d. Online Application. See Applications A, B C or D for a description of the online application process and instructions.

8. REVIEW PROCESS

a. Review committee. An ad hoc, interdisciplinary review committee designated by the Chief Academic Affiliations Officer will assess the merits of the applications. The committee will have expertise and leadership in GME and educational evaluation, experience in educational and clinical system redesign, and experience in quality improvement and patient safety.

b. Scoring of Applications. Applications will be scored according to the selection criteria provided. See Evaluation Criteria in #7 above.

9. SCHEDULE

June 2016	OAA sends request for applications to eligible facilities, VISNs, and appropriate Central Office officials. RFP published on OAA website.
September 9, 2016	Applications are due in OAA via ONLINE process. http://vaww.oaa.med.va.gov/rfp/default.aspx?PID=45
October 2016	Review committee reviews applications and makes recommendations for approval to the Chief Academic Affiliations Officer.
November 2016	OAA notifies facilities about the approval or disapproval of their applications.
December 2016	OAA makes final allocations for AY 2018
July 1, 2017	Resident training begins.

10. OAA CONTACT PERSONS

General information: Please contact **Christy Clary, MSW**, OAA/GME Project Manager at 804-675-5000 ext 7182 or by e-mail at Christyann.clary@va.gov ; or **Judy Brannen, MD, MBA** at 804 675-5481 or by e-mail at judy.brannen@va.gov.

Technical information: For assistance with the on-line submission, please email the OAA Help Desk (oaahelp@va.gov) or contact **David Barnett** at (803) 667-4100, (314) 277-6476, or by e-mail to david.barnett@va.gov.

11. SUBMISSION INSTRUCTIONS

a. Preparation of applications.

OAA recommends that considerable thought and dialogue with affiliates precede drafting the application. VA and affiliate support for the CRQS program in terms of clinical, educational and administrative infrastructure should be addressed candidly. The sponsoring institution's Designated Institutional Official (DIO), GMEC and program directors and VA's educational

and clinical leadership (e.g., VA site directors, service chiefs, Chief of Staff) should be involved in these discussions. *The VA DEO should be the focal point for coordination of the application and collation of information from the various programs seeking additional positions.*

b. Online submission instructions.

Online submission instructions are embedded in Applications A-D below.

c. Faxed, e-mailed, or mailed applications will NOT be accepted.

APPLICATION A

The embedded application is *for new facilities applying for their first CRQS position & those facilities that received a temporary CRQS position in AY2017.*



APPLICATION
A.docx

APPLICATION B

The embedded application is *for facilities with existing CRQS positions, applying for additional positions. Sites may have no more than 3 total CRQS positions.*



APPLICATION
B.docx

APPLICATION C

The embedded application is for *facilities applying for the CRQS pilot combined core sub-specialty position. Up to 3 sites will be selected for this pilot CRQS initiative.*



APPLICATION
C.docx

APPLICATION D

The embedded application is for *facilities applying for the CRQS surgical gap year position.*



APPLICATION
D.docx